

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/511253 FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
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50						
TOTAL IND.	1	0	0	0	0	0
TOTAL DEP.	25	0	0	0	0	0
TOTAL CLAIMS	28	0	0	0	0	0

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			0	0	0	0
TOTAL DEP.			0	0	0	0
TOTAL CLAIMS			0	0	0	0